

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 876)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	INO.	DEP.	INO.	DEP.	INO.	DEP.		INO.	DEP.	INO.	DEP.	INO.	DEP.
1							61						
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37							97						
38							98						
39							99						
40							100						
41							TOTAL						
42							TOTAL						
43							TOTAL						
44													
45													
46													
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48													
49													
50													
TOTAL	4						TOTAL						
TOTAL	27						TOTAL						
TOTAL	31						TOTAL						

Best Available Copy